

AU Status

Undergraduate or PG Taught

Your aber.ac.uk email address

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Full Name

Michal Wojciech Goly

Please enter the name of the person responsible for reviewing your assessment.

Reyer Zwiggelaar

Please enter the aber.ac.uk email address of the person responsible for reviewing your assessment

rrz@aber.ac.uk

Supervisor or Institute Director of Research Department

cs

Module code (Only enter if you have been asked to do so)

CS39440

Proposed Study Title

MMP - Quiz Tool

Proposed Start Date

29/01/2018

Proposed Completion Date

04/05/2018

Are you conducting a quantitative or qualitative research project?

Mixed Methods

Does your research require external ethical approval under the Health Research Authority?

No

Does your research involve animals?

No

Are you completing this form for your own research?

Yes

Does your research involve human participants?

Yes

Institute

IMPACS

Please provide a brief summary of your project (150 word max)

A web application allowing lecturers to upload their PDF lecture slides, convert certain slides to quizzes (e.g. a slide with bullet points into a single choice A) B) C) quiz), and then broadcasting them to students to monitor their understanding of lecture content presented. A trial session with students taking part in a lecture presented over the tool would run, to assess if the tool can handle a larger amount of users, and to potentially gain feedback about the user interface.

I can confirm that the study does not involve vulnerable participants including participants under the age of 18, those with learning/communication or associated difficulties or those that are otherwise unable to provide informed consent?

Yes

I can confirm that the participants will not be asked to take part in the study without their consent or knowledge at the time and participants will be fully informed of the purpose of the research (including what data will be gathered and how it shall be used during and after the study). Participants will also be given time to consider whether they wish to take part in the study and be given the right to withdraw at any given time.

Yes

I can confirm that there is no risk that the nature of the research topic might lead to disclosures from the participant concerning their own involvement in illegal activities or other activities that represent a risk to themselves or others (e.g. sexual activity, drug use or professional misconduct). Should a disclosure be made, you should be aware of your responsibilities and boundaries as a researcher and be aware of whom to contact should the need arise (i.e. your supervisor).

Yes

I can confirm that the study will not induce stress, anxiety, lead to humiliation or cause harm or any other negative consequences beyond the risks encountered in the participant's day-to-day lives.

Yes

Please include any further relevant information for this section here:

Where appropriate, do you have consent for the publication, reproduction or use of any unpublished material?

Not applicable

Will appropriate measures be put in place for the secure and confidential storage of data?

Yes

Does the research pose more than minimal and predictable risk to the researcher?

Not applicable

Will you be travelling, as a foreign national, in to any areas that the UK Foreign and Commonwealth Office advise against travel to?

No

Please include any further relevant information for this section here:

If you are to be working alone with vulnerable people or children, you may need a DBS (CRB) check. Tick to confirm that you will ensure you comply with this requirement should you identify that you require one.

Yes

Declaration: Please tick to confirm that you have completed this form to the best of your knowledge and that you will inform your department should the proposal significantly change.

Yes

Please include any further relevant information for this section here: